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W2 Form

d Control number 123456789		a Employee's social security number 123-45-6789		1 Wages, tips, other compensation 19,404.31		2 Federal income tax withheld 2,111.65		
c Employer's name, address, and ZIP code UC, LOS ANGELES PAYROLL OFC, 10920 WILSHIRE BLVD #620 LOS ANGELES, CA 90024-6508		b Employer identification number 95-6006143		3 Social security wages 665.00		4 Social security tax withheld 41.23		
				5 Medicare wages and tips 20,923.75		6 Medicare tax withheld 303.39		
				9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, suffix JOSEPHINE BRUIN 825 WESTWOOD BLVD. LOS ANGELES, CA 90024		f Employee's address and ZIP code		12 See Instrs. for Box 12		14 Other DCP-CAS 1,519.44		
This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 Department of the Treasury-Internal Revenue Service				11 Nonqualified plans 13 Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>			Form W-2 Wage and Tax Statement 20YY Copy B, To Be Filed With Employee's FEDERAL Tax Return.	
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality		
CA	95-6006143	19,629.58	750.29					

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